

**Village of Cottage Grove
Transient Merchant/Peddlers/Canvassers
Permit Application**

☐ Daily ☐ Six Months
Fee: \$20.00 **Fee: \$150.00**

Dates of Activity in Village: _____

Please check type of permit you are applying for:

☐ Canvasser ☐ Peddler
☐ Solicitor ☐ Transient Merchant

Business or Organization Information

Name _____
(Corporate) (D.B.A.)

Address _____

Name of Supervisor/Manager _____

Phone () _____ Fax () _____

Product Description _____

Last Three Municipalities Which You Conducted Business:

Name: _____ Contact/Telephone Number: _____

Merchant/Peddler/Canvasser Information

Name _____
(Last) (First) (Middle Initial)

Home Address _____

Date of Birth _____ Phone No. () _____

Drivers License Number & State _____

Vehicle Information

Make _____ Model _____

Color _____ Year _____ License Plate(s) No. _____

Use the backside of this form to list multiple vehicles.

CERTIFICATION

I hereby certify that the information provided on this application is true and correct. I understand that failure to provide all required information shall be grounds for denial of this permit. I further understand that falsification of any information provided shall be grounds for denial or revocation of this permit. I fully understand that all state and local laws and ordinances governing transient sales and canvassing apply to this permit, and agree to abide by those laws.

I hereby authorize the Village of Cottage Grove to perform a criminal background and drivers license check.

Signature: _____ Date: _____

*****FOR OFFICE USE ONLY*****

Date Received: _____

Receipt Number _____

Background Check:

CIB and/or CCAP

Approved or Denied

Permit No. _____

Permit expires on: _____

Other vehicles that will be used.

Vehicle Information

Make _____ Model _____

Color _____ Year _____ License Plate(s) No. _____

Vehicle Information

Make _____ Model _____

Color _____ Year _____ License Plate(s) No. _____

Vehicle Information

Make _____ Model _____

Color _____ Year _____ License Plate(s) No. _____



Mobile Food Cart Application

Pursuant to Village Ordinance Chapter 11

License Type:

- ☐ - Annual \$150 (January 1-December 31)
☐ - Single Event Permit \$50

Applicant Information

Last Name:		First Name:		Middle Name/Initial:	
Phone Number:		E-mail Address			
Permanent Home Address:			Service Base Address:		
Social Security Number:		Driver License/ID #:		State of Issuance:	
Age:	Date of Birth:	Weight:	Height:	Eyes:	Hair:

Physical description of any mobile food establishment to be used (include make, model and license number):

****Please submit additional applications for additional operators who will be operating your mobile food establishment. Additional applications can be obtained from our website at www.mcfarland.wi.us/licensespermits under the mobile food establishment section, or in the Village Administration Department at 5915 Milwaukee St., McFarland, WI 53558**

Business Information

Business Name:		Phone:	
Street Address: (include city, state and zip code)		Service Base Address: (include city, state and zip code)	

Description of goods/good to be sold/prepared:

List last three cities in which you conducted similar business or solicitation	City, State	Date Left

Arrest/Conviction Record

Have you ever been fined/arrested for and/or convicted of ANY LAW of the State of Wisconsin or of the United States(including traffic violations)?

☐ yes** ☐ no

****If yes, please list all convictions below. Any omissions could result in a denial of this application.**

(The following websites may provide information on your records:

<https://recordcheck.doj.wi.gov/> <https://wcca.wicourts.gov/> <https://www.dmv.us.org>

Date of Conviction	Name of Court	Nature of Offense

Operation plan:

Will your unit operate on Public or Private Property?:* _____

Please provide the location(s) the unit will operate including zoning districts of operation:

*If you will be operating on Private Property, please attach documentation of permission of the property owner.

*If you will be operating on public property, your application will be submitted to the Public Works Department for approval. Public Works will follow up to discuss the details and provide approval of denial.

Required Documentation

The following items must accompany this application

- ☐ Payment by check or cash of \$150 for annual permit or \$50 for single-event permit
- ☐ A clear photocopy of your Driver License/State ID or other proof of identity
- ☐ Permission to operate on Private Property (if applicable)
- ☐ A copy of all food and beverage licenses issued by the State of Wisconsin or agency health department.

I certify that I am the applicant in the foregoing application; that I have read and made complete answers to each question, and that my answers in each instance are true and correct.

Applicant Signature

FOR OFFICE USE ONLY**RECOMMENDATION FROM MCFARLAND POLICE DEPARTMENT**

☐ - Approved ☐ - Denied

Chief of Police

RECOMMENDATION FROM PUBLIC WORKS DEPARTMENT

☐ - Approved ☐ - Denied ☐ - Not Required

Public Works Director



Mobile Food Cart Application – Additional Operators
Pursuant to Village Ordinance Chapter 11
Must be submitted with original or renewal mobile food cart application

Applicant Information

Last Name:		First Name:		Middle Name/Initial:	
Phone Number:		E-mail Address			
Permanent Home Address:			Service Base Address:		
Social Security Number:		Driver License/ID #:		State of Issuance:	
Age:	Date of Birth:	Weight:	Height:	Eyes:	Hair:

Arrest/Conviction Record

Have you ever been fined/arrested for and/or convicted of ANY LAW of the State of Wisconsin or of the United States(including traffic violations)?

☐yes** ☐no

****If yes, please list all convictions below. Any omissions could result in a denial of this application.**

(The following websites may provide information on your records:

<https://recordcheck.doj.wi.gov/> <https://wcca.wicourts.gov/> <https://www.dmv.us.org>

Date of Conviction	Name of Court	Nature of Offense

Required Documentation

The following items must accompany this application

☐ A clear photocopy of your Driver License/State ID or other proof of identity

I certify that I am the applicant in the foregoing application; that I have read and made complete answers to each question, and that my answers in each instance are true and correct.

Applicant Signature

FOR OFFICE USE ONLY

RECOMMENDATION FROM MCFARLAND POLICE DEPARTMENT

☐ - Approved ☐ - Denied

Chief of Police

RECOMMENDATION FROM PUBLIC WORKS DEPARTMENT

☐ - Approved ☐ - Denied ☐ - Not Required

Public Works Director



City of Monona
Application for Transient Merchant License
MOBILE FOOD ESTABLISHMENT

Fee: \$50 Yearly

Date of Application: _____ License Expiration Date: **December 31,** _____

It shall be unlawful for any Transient Merchant to engage in sales within the City of Monona without being licensed for that purpose.

The undersigned hereby makes application for a Transient Merchant License, as defined in Chapter 13 of Title 7 of the Municipal Code for the City of Monona, to engage in said business, in the City of Monona, Wisconsin, subject to the limitations imposed by law, and hereby agrees to comply with all laws, resolutions, ordinances, and regulations.

I further understand that this license is not transferable and that a copy of my driver license is required.

Name of Firm, Association, or Corporation

Telephone Number

Manager's Name

Business Address

City

State

Zip

Service Base Address

City

State

Zip

Name of Applicant – Include Middle Initial

Date of Birth

Permanent Address

City

State

Zip

Temporary Address (if applicable)

City

State

Zip

Telephone Number

Temporary Telephone Number (if applicable)

Vehicle Make

Model

License Plate Number

Driver License Number (copy required)

State Issued

Description of all food items to be offered for sale:

Address or location of sales **IN THE CITY OF MONONA** and telephone number, if applicable:

Dates and times of sales:

Address of Service Base:

Three most recent cities, villages, or towns where business has been conducted:

Please list your contact information for the next seven (7) days after leaving the City of Monona:

Address

Telephone Number

Required document copies (please submit with application):

- ☐ Wisconsin driver license or other proof of identity containing a photograph of the applicant.
- ☐ Wisconsin certificate of examination and approval from the sealer of weights and measures for each device utilized, if applicable.
- ☐ Current, valid Wisconsin Seller's Permit.
- ☐ Current auto insurance declaration page for coverage in force for the entire license period.
- ☐ Current proof of liability insurance in an amount no less than \$300,000 per incident.
- ☐ Current mobile food establishment permit issued by the *Wisconsin Department of Health Services.
- ☐ Current service base permit issued by the *Wisconsin Department of Health Services.
*Or its designated agent such as Dane County Public Health Department or WI Department of Agriculture, Trade and Consumer Protection.

Have you ever been convicted of any crime or ordinance violation related to food service within the last five (5) years?

No _____ Yes _____ If yes, describe nature of offense:

Place of conviction: _____

The undersigned declares the above information is true and complete. If the City subsequently learns the information provided is untrue or incomplete, the license is subject to revocation.

Signature of Applicant

Date

If selling at a fixed, private location, signature of property owner or manager giving applicant permission to be at location:

Signature of City of Monona Property Owner/Manager

Date

If selling at a public location, signature of City of Monona Department Head giving applicant permission to be at location:

Signature of City of Monona Department Head

Date

If selling on a public street, signature of City of Monona Police Department giving applicant permission to be at location:

Signature of City of Monona Police Department

Date

FOR OFFICE USE ONLY:

Police Chief Review:

☐ Recommended

☐ Denied: If not recommended, reason for denial:

Signature of Police Chief (or designee)

Date

Approval of City Clerk

Date

License Issue Date:

License Number:



Include a copy of:

- ☐ Driver License or Photo ID
- ☐ 2x2 color photo less than 1 year old
- ☐ Wisconsin Seller's Permit

OFFICE OF THE CITY CLERK

300 East Main Street
Sun Prairie, WI 53590-2227
(608) 837-2511
FAX (608) 825-6879
Website www.cityofsunprairie.com

MOBILE FOOD VENDOR / CART PERMIT - APPLICANT INFORMATION

APPLICANT'S LAST NAME:			APPLICANT'S FIRST NAME:			MIDDLE INITIAL	OTHER NAMES USED / MAIDEN NAME
SEX	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BIRTHDATE	APPLICANT'S DRIVERS LICENSE - STATE AND NUMBER	
CURRENT RESIDENCE ADDRESS - PERMANENT						ARE YOU A WISCONSIN RESIDENT?	
STREET						<input type="checkbox"/> No <input type="checkbox"/> Yes - IF YES, HOW LONG? _____	
CITY						If "no" please list the state that you are a permanent resident of, and how long you have been a resident there. _____ _____	
STATE / ZIP							
HOME PHONE NUMBER			CELL PHONE NUMBER			EMAIL ADDRESS	

LIST OFFENSES FOR WHICH YOU HAVE BEEN CHARGE OR CONVICTED IN THE PAST FIVE (5) YEARS:

Also, include offenses for which you have been released from prison or parole in the past five years. This includes but is not limited to any felony, misdemeanor, or ordinance violations involving alcohol or drugs, and any other traffic, licensing offenses and/or civil forfeiture violation from this or any other state, county or municipality.

If you have none, Initial Here

DATE OR MONTH AND YEAR	NATURE OF CHARGES	JURISDICTION WHERE CHARGED (City/State/County if known)	INDICATE IF CHARGE IS -PENDING -CONVICTED -RESOLVED

LIST DATES AND PLACES OF RESIDENCE FOR THE PAST 5 YEARS:

If you have not lived anywhere else besides your current address, Initial Here

DATE	ADDRESS	CITY/STATE

Please include a copy of your driver's license or state issued identification card with the application and required fees.

MOBILE FOOD/VENDOR CART PERMIT APPLICATION

YEAR FOR WHICH THIS PERMIT IS APPLIED FOR		
DESCRIPTION OF GOODS TO BE SOLD		
DESCRIPTION OF FOOD TO BE PREPARED		
NAME OF FIRM YOU ARE WORKING FOR:		NAME OF SUPERVISOR PRIMARY CONTACT INFORMATION
NAME		NAME
ADDRESS		ADDRESS
CITY / STATE / ZIP		CITY / STATE / ZIP
PHONE NUMBER		PHONE NUMBER
EMAIL ADDRESS:		EMAIL ADDRESS:
WILL SALES BE MOBILE?	WILL SALES BE STATIONARY?	VEHICLE MAKE, MODEL, YEAR LICENSE PLATE # AND LICENSE PLATE ISSUING STATE BEING USED FOR SALES
<input type="checkbox"/> No <input type="checkbox"/> Yes *IF YES, PLEASE LIST ROUTE/AREA WHERE BUSINESS WILL BE CONDUCTED BELOW:	<input type="checkbox"/> No <input type="checkbox"/> Yes *IF YES, PLEASE LIST STATIONARY ADDRESS WHERE BUSINESS WILL BE CONDUCTED BELOW:	MAKE: MODEL: YEAR: LICENSE PLATE #: LICENSE PLATE ISSUING STATE:
HAVE YOU HELD A SOLICITORS PERMIT IN SUN PRAIRIE IN THE PAST FIVE (5) YEARS		Have you ever had any type of permit or license suspended, revoked or denied in this or any other municipality?
<input type="checkbox"/> Yes If so, WHEN? <input type="checkbox"/> No		<input type="checkbox"/> Yes If so, please specify municipality and dates. <input type="checkbox"/> No
LAST 3 CITIES IN WHICH BUSINESS WAS CONDUCTED INCLUDE THE NAME AND ADDRESS OF CONTACT PERSONS		ADDRESS & PHONE # WHERE APPLICANT CAN BE REACHED FOR AT LEAST 7 DAYS AFTER LEAVING THE CITY
1. 2. 3.		
ARE YOU OVER THE AGE OF 18?	IF YOU ARE NOT OVER THE AGE OF 18, WHO WILL BE YOUR SPONSOR FOR THIS ACTIVITY? (PLEASE LIST BELOW) See Section 5.32.040 of City Ordinance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name (First, MI, Last): Has this individual applied for and received a Solicitor's Permit this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is this application for a Mobile Food/Vendor Cart Unit?

☐ Yes ☐ No

If you answered "yes" please complete the following questions.

As the applicant for a Mobile Food/Vendor Cart, did you:

- Provide a copy of your Driver License, State ID or Government issued picture ID such as passport or Federal Document required for identification to conduct a background investigation? ☐ Yes ☐ No
 - Read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded. You acknowledge that you have also been provided a copy of Section 5.32 of the City Municipal Code of Ordinances as it pertains to Solicitors? ☐ Yes ☐ No
 - Provide a color photograph approximately two inches by two inches showing the head and shoulders of yourself, which has been taken not more than one year prior to such application? ☐ Yes ☐ No
 - Provide a copy of any other license or permit required by the State of Wisconsin, Dane County, or the City of Sun Prairie for the applicant's business activity?
 - A state certificate of examination and approval from the sealer of weights and measures where applicant's business requires use of weighing and measuring devices approved by state authorities; ☐ Yes ☐ No
 - A state health officer's certificate where applicant's business involves the handling of food, clothing, humans or animals and is required to be certified under state law; such certificate to state that applicant is apparently free from any contagious or infectious disease, dated not more than ninety (90) days prior to the date the application for a permit is made. ☐ Yes ☐ No
 - Provide a site plan for the location where the unit will be located if this is for an outdoor location? The plan shall include a drawing showing the street address, location of unit, signage to be used, traffic and pedestrian flow. The site plan will also state the size of the vending unit and equipment specifications. ☐ Yes ☐ No
 - Provide written authorization from a landowner to the outdoor vendor to use the landowner's premises for outdoor vending activities? The authorization document shall give the address of the property and the beginning and ending dates for such authorization. ☐ Yes ☐ No
 - Provide a copy of the approved special use zoning permit, if necessary? ☐ Yes ☐ No
 - Provide a sign-off of the application document that the applicant has met with and received approval from a member of the city planning department, and that the application complies with city zoning requirements and permits?
 - Provide a sign-off of the application document that the applicant has met with and received approval from the Recreation and Public Works Directors, and that the application complies with all requirements of that department, if the outdoor vendor is to be located in a city park? ☐ Yes ☐ No
- ☐ These will be done through the application review process

Is this application for an individual working in the Mobile Food Cart? ☐ Yes ☐ No

If you answered "yes" please complete the following questions.

As the applicant did you:

- Provide a copy of your Driver License, State ID or Government issued picture ID such as passport or Federal Document required for identification to conduct a background investigation? ☐ Yes ☐ No
- Read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded. You acknowledge that you have also been provided a copy of Section 5.32 of the City Municipal Code of Ordinances as it pertains to Solicitors? ☐ Yes ☐ No
- Provide a photograph approximately two inches by two inches showing the head and shoulders of yourself, which has been taken not more than one year prior to such application? ☐ Yes ☐ No

TO: CITY COUNCIL OF THE CITY OF SUN PRAIRIE, WISCONSIN

Applicant agrees to provide a copy of their Driver License, State ID or Government issued picture ID such as passport or Federal Document required for identification to conduct a background investigation. The undersigned affirms that he/she made COMPLETE AND TRUE answers to each question and understands that his/her past record will become part of this application. The undersigned is also aware that incomplete or false answers may result in denial or revocation of permit and authorizes a review of and full disclosure of any and all records, files and reports, which include any police contact as well as arrests.

Did you read the Licensing Guidelines, and understand that if this license is not issued, fees that have been paid will not be refunded. You acknowledge that you have also been provided a copy of Section 5.32 of the City Municipal Code of Ordinances as it pertains to Solicitors. ☐ Yes ☐ No

Applicant realizes that this is not a license or permit to sell, peddle, or solicit in the City of Sun Prairie, nor is it a guarantee of the applicant's integrity or an endorsement of the product. This does not relieve the applicant of compliance with City Ordinances or State Statutes. Until the permit is approved and issued this is only an application. ☐ Yes ☐ No

As the applicant, I hereby agree to comply with all laws, Resolutions, Ordinances and Regulations, Federal, State, or Local affecting the direct seller, peddlers, or solicitors if a license is granted to me. Applicant acknowledges that any sales or solicitations must comply with posted notices of "NO SOLICITORS" or like notices in writing, or given verbally by the property owner or person in lawful control of the property.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

☐ Call or ☐ Email me I will pick up my license when it is ready

FEES:

- The permit fee for a mobile food vending unit shall be \$150.00 per year. The permit shall be good from January 1 through December 31 of the year for which the permit is granted.
- A permit is required for each cart. The fee for each mobile food vendor is \$25.00.
- In addition to the fees stated, all processed applications will be assessed the actual cost of the background check as incurred by the city. (\$7 each)

OFFICE USE ONLY - Application and fees accepted by _____ Date _____ / _____ / 20____

FEES: Application is for _____ **MOBILE FOOD CART @ \$150 PER CART**
Application is for _____ **MOBILE FOOD VENDOR @ \$25 PER PERSON** **Total Fees collected:** _____
Application is for _____ **\$7.00 BACKGROUND CHECK FEE PER PERSON**

Applicant has met with and received approval from a member of the city **Planning Department**, and the application complies with city zoning requirements and permits.

A Special Use Permit (SUP) ☐ is ☐ is not required. _____ A SUP has been obtained, if needed

Signature of City Planner or his/her designee _____

In regards to the issuance of this license, the Sun Prairie **Police Department**:

_____ has no objection.
_____ does have an objection which is detailed, with a recommendation, in the attached report.
_____ recommends further review and consideration for action by the city attorney with a report to follow due to the following: _____

Signature of Police Chief or his/her designee _____ DATE _____

Signature of City Clerk or his/her designee _____ DATE _____

Food Cart Permit Number _____ **Permit Effective** _____ **Permit Expires** 12/31/20

Food Vendor Permit Number _____ **Permit Effective** _____ **Permit Expires** 12/31/20

AUTHORIZATION FOR USE FROM BUILDING/PROPERTY OWNER

Name of Business making application: _____

Address _____

Applicants name: _____

Property Owners Name _____

As owner of the property located at _____

I have knowledge and give permission for this business to make application and use the above state property for a
business use for a Mobile Food Cart

Property Owners Signature _____

Date: _____

Receipt # _____ 3-308/4-401)
Date: _____ Initials: _____

(R-9/2019)